

Organizational Skills/Time Management Post Test

Our group has ended. Please honestly complete this form and return to Mrs. Miles

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Improvement made	No change	Worse
turns in class work on time.			
uses his/her time wisely at school			
turns in his/her homework on time.			
comes to class prepared.			
works to his or her fullest potential daily.			
Follows directions			
Follows classroom expectations			

Comments: